

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2016
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 05/02/2016
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to illuminate the exits access.</p> <p>The findings included:</p> <p>Observation on 05/02/2016 at 02:54PM, revealed the exit/emergency lights in the following locations were not operating properly:</p> <ul style="list-style-type: none"> a. Outside room 301 b. Outside room 311 c. Outside the physical therapy gym <p>National Fire Protection Association (NFPA) 101, 7.9.1.1 (2000 Edition)</p> <p>These findings were verified and acknowledged by the administrator during the exit conference on 05/02/2016.</p>	K045	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 5/9/16, the Maintenance Director replaced the batteries in the Exit/Emergency lights outside room 301, 311, and in the Physical Therapy gym.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 5/9/16, the facility Maintenance Director inspected the Exit/Emergency lights for compliance. Exit/Emergency lights were found to be in compliance with NFPA 101.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit by the Maintenance Director of the Exit/Emergency lights to assure correct and proper operation and compliance.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance.</p>	

Continue

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Russell C. Cannon, NHA* TITLE *EXECUTIVE DIRECTOR* (X6) DATE *5-17-16*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans or correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 045 SS=D	Continued	K045	<u>Monitoring (Continued)</u> The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.	5-9-2016

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Russell Conaghan, NHA *EXECUTIVE DIRECTOR* *5-17-16*

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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The findings included: Observation on 05/02/2016 at 1:41 PM, revealed an escutcheon plate missing in room 308, the bath room of 201, and the soiled linen room in laundry. NFPA 13, 3-2.9 (1999 Edition); NFPA 101, 19.3.5.1 (2000 Edition); NFPA 101, 9.7.1.1 (2000 Edition).</p> <p>These findings were verified and acknowledged by the Administrator during the exit conference on 05/02/2016.</p>	K 062	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 5/12/16, the escutcheon plate missing from room 308, the bath room of 201, were replaced by the Maintenance Director. The escutcheon plate in the soiled linen room in the laundry was ordered on 5/12/16 and will be replaced by 5/23/16.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 5/9/16, the facility Maintenance Director inspected the sprinkler system escutcheon plates and found them to be in compliance with NFPA 101.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit by the Maintenance Director of the escutcheon plates to assure that the plates are in place and in compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

James C. Condon, NHA *EXECUTIVE DIRECTOR* *5-17-16*

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K 062 SS=D	Continued	K 062	<u>Monitoring</u> Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.	5/23/2016

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TITLE

(X6) DATE

Timothy Carson, NHA *EXECUTIVE DIRECTOR 5-17-16*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans or correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 80, 15-1.2 Operability, Doors, shutters, and windows shall be operable at all times. They shall be kept closed and latched or arranged for automatic closing. NFPA 101, 4.4.2.1 A prescriptive-based life safety design shall be in accordance with Chapters 1 through 4, Chapters 6 through 11, and the applicable occupancy Chapters 12 Through 42 of this Code. NFPA 101, 8.2.3.2.1 Door assemblies in fire barriers shall be of an approved type with the appropriate fire protection rating for the location in which they are installed and shall comply with the following. (a) *Fire doors shall be installed in accordance with NFPA 80, Standard for Fire doors and Fire Windows. Fire doors shall be of a design that has been Tested to meet the conditions of acceptance of NFPA 252, Standard Methods of Fire Tests of Door Assemblies.</p> <p>Based on observations the facility failed to comply with the Life Safety Code.</p> <p>The findings included:</p> <p>Observation on 05/02/2016 at 2:54 PM, revealed the fire doors By room 207 did not latch properly within the frame. NFPA 80- 15-1.2 (1999 Edition); NFPA 101, 4.4.2.1 (2000 Edition); NFPA 101 8.2.3.2.1 (2000 Edition).</p> <p>This finding was verified and acknowledged by the administrator During the exit conference on 05/02/2016.</p>	K 130	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 5/6/16, the facility Maintenance Director repaired the fire doors at room 207. They now latch properly.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 5/6/16, the Maintenance Director inspected facility fire doors for compliance and found fire doors to be in compliance with NFPA 80 and 101.</p> <p><u>Systematic Changes</u></p> <p>Measures to insure compliance include a monthly audit by the Maintenance Director of the fire doors to assure correct and proper operation and compliance.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance.</p> <p style="text-align: right;">Continue</p>	

FORM CMS-2567(0M-19) Previous Versions Obsolete

Event ID: 9RS721

Fadhty 10: TN7509

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K 130 SS=D	Continued	K130	<p><u>Monitoring (Continued)</u></p> <p>The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.</p>	5/6/2016

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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, the facility to maintain the electrical system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 05/02/2016 at 1:20 PM, revealed a junction box cover missing in room 109. NFPA 70, 370-28© (1999 Edition); NFPA 101, 19.5.1 (2000 Edition); NFPA 101, 9.1.2 (2000 Edition) 2. Observation on 05/02/2016 at 1:24 PM, revealed an electrical box loose from the wall in room 112 and A-Wing Medication room. NFPA 70, 370-28© (1999 Edition); NFPA 101, 19.5.1 (2000 Edition); NFPA 101, 9.1.2 (2000 Edition) <p>These findings were verified and acknowledged by the administrator during the exit conference on 05/02/2016.</p>	K 147	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 5/11/16, the facility Maintenance Director installed a new junction box cover in room 109. In room 112 and A-Wing Medication room, the loose electrical box was secured to the wall.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 5/11/16, the facility Maintenance Director inspected all electrical covers and plugs for compliance. The findings found that all electrical covers and plugs were in compliance with NFPA 70 and 101.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit by the Maintenance Director of the electrical covers and plugs to assure correct and proper operation and compliance.</p>	

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K 147 SS=D	Continued	K 147	<p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.</p>	5/11/2016

FORM CMS-2567(02-99) Previous Versions Obsolete

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Facility ID: TN7509